

Ms. Singleton,

Thanks for your patience in our request for a Closed Caption Exemption.
Below are the answers you requested.

NAME OF PROGRAM:

'Conversations with Andre Whitehead'

BROADCAST STATION TIMES:

Sundays 9-10AM WWCW5 (the CW5)

FINANCIALS:

OUR 2013 TAX RETURN IS INCLUDED AS OUR 2014 IS BEING COMPLETED AS WE HAVE AN EXTENSION.
We DO NOT receive cash sponsorship for the broadcast and make all payments for airtime and equipment repairs thru the business checking account.

CC QUOTES:

Cadice Brickner

\$125.00 per weekly episode totaling \$6,500.00 per year.

Jeanette Christian

\$350.00 per weekly episode totaling \$18,200.00 per year.

COST IMPACT:

Having to provide CC would be the end of our community, news broadcast. A small entity like ours could not afford these costs.

CURRENT LIABILITIES:

We have NO current liabilities. We do make a monthly IRS payment of \$500.00 for our tax debt for about \$15,000.00.

FUNDING TO PROVIDE CC:

Please see statements from broadcast sponsors request financial assistance for CC.

I declare that all information submitted is correct and true.

WHITEHEAD MEDIA VENTURES

On Tuesday, August 18, 2015 5:35 PM, "andrewwhitehead@whiteheadmediaventures.com" <andrewwhitehead@whiteheadmediaventures.com> wrote:

Mr. Whitehead,

Thank you for your request to assist your firm with Closed Captioning.

Unfortunately, at this time we are unable to provide any additional financial sponsorship due the recent retail challenges.

Thank you,
Scott Allen

<image003.jpg>

Scott Allen
Schewel Furniture Company
Advertising
434-522-0287

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On Tuesday, August 18, 2015 5:24 PM, "andrewwhitehead@whiteheadmediaventures.com" <andrewwhitehead@whiteheadmediaventures.com> wrote:

WHITEHEAD MEDIA VENTURES
Andre' Whitehead, owner

Begin forwarded message:

From: Charles Crumpler <ccrumple@jdbyrider.com>
Date: July 8, 2015 at 4:11:22 PM EDT
To: Andre Whitehead <andrewwhitehead@whiteheadmediaventures.com>
Subject: Re: Closed Caption

Whitehead Media Services has requested our assistance in paying for a "Closed Caption" exemption. We will not be assisting with this expense because we feel it is not our responsibility.

Thanks,

Charles Crumpler
J.D. Byrider
Vice President
VA103 - Lynchburg, VA
NC104 - Kernersville, NC
NC108 - Greensboro, NC
(434) 455-6502 (phone)
(434) 455-6506 (fax)

On Wed, Jul 8, 2015 at 2:46 PM, <andrewwhitehead@whiteheadmediaventures.com> wrote:

Charles,

We are applying for a "Closed Caption" exemption and the FCC requires that we present documentation that we have solicited financial assistance from your business to pay for this service.

Could you please email a response to this attempt to show that we have requested your assistance in paying for this service.

Thanks
Andre'

WHITEHEAD MEDIA VENTURES
Andre' Whitehead, owner

"Conversations the Radio Show"

*Sunday 8am WLNI 105.9 FM

Central Virginia

"Conversations with Andre' Whitehead" Television show

*Sunday 9am the CW5 (WWCW5)

Lynchburg/Roanoke/Danville

on Dish, Cox, DirecTV, Comcast & Shentel

434 528 9828

*Monday 8am and Saturday 9am

COX 11 Hampton Roads

757 943 6737

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ROBERT A. MORSE
Professional Accounting and Tax Service

P.O. Box 427
Lynchburg, VA 24505

Office: (434) 845-1626

Email: ramorse55@gmail.com

Fax: (434) 845-8214

August 12, 2015

To Whom It May Concern:

Be advised that Mr. Andre Whitehead is operating his business, Whitehead Media Ventures, as a sole proprietor.

I have been preparing Mr. Whitehead's income tax returns for over ten years. Mr. Whitehead has not filed his income tax return for the year 2014. That tax return is under extension.

Mr. Whitehead's gross revenues for the past four years (2010 – 2013) are as follows:

2010	\$ 49,717
2011	\$ 60,353
2012	\$ 68,872
2013	\$ 90,740

Sincerely,



Robert A. Morse



WHITEHEAD



Filing Status: 1				Head of Household:		Name or Filing Change:	Amended:
						Address Change:	NOL:
						Virginia Return	Federal Earned Income Credit:
						Not Filed Last Year:	Locality: 680
Exemptions	Dependents	Total	65 and over	Blind	Total	Your SSN	WHIT
1	1	1				Spouse's SSN	
Vendor ID:		1024					
1. Fed Adj Gross Income	1.		17364.	16a. Your VAGI	16a.		
2. Additions, see Pg 2, Line 3	2.		1941.	16b. Spouse's VAGI	16b.		
3. Subtotal	3.		19305.	17. Net Tax	17.	623.	
4a. Age Deduction - You	4a.			18a. Your Withholding	18a.		
4b. Age Deduction - Spouse	4b.			18b. Spouse's Withholding	18b.		
5. Soc Sec & Tier 1 Railroad	5.			19. Estimated Payments	19.		
6. State Inc Tax Overpayment	6.			20. Extension Payments	20.		
7. Other Subtractions, see Pg 2, Line 7	7.		296.	21. Credit for Low Income	21.		
8. Subtotal Subtractions	8.		296.	22. Credit tax paid another state	22.		
9. Total VAGI	9.		19009.	23. Other Credits	23.		
10a. Federal Sch. A Itemized Deductions	10a.			24. Total Payments /Credits	24.		
10b. State/Local Income Tax	10b.			25. Tax You Owe	25.	623.	
10. Standard/Itemized Deductions	10.		3000.	26. Overpayment Amount	26.		
11. Exemptions	11.		930.	27. Amount to Credit to Next Year's Tax	27.		
12. Deductions VAGI, see Pg 2, Line 9	12.			28. Adjustments/Contributions	28.		
13. Add Lines 10, 11 and 12	13.		3930.	Amount You Owe:		623.	
14. VA Taxable Income	14.		15079.	Refund:			
15. Tax Amount	15.		623.	Bank Routing Number			
16. Spouse Tax Adjustment	16.			Bank Account Number			

LAR DLAR DTD LTD \$

**ADDITIONAL FILING INFORMATION**

Your Spouse
DOB: DOB:

Direct Bank Deposit: Debit Card:
(Fees may apply)

Dependent on Farmer/Fisherman,
another's return: Merchant Seaman:
Taxpayer Overseas
Deceased: when due:

Additions - SCH ADJ/CG - Part 1

1. Interest on obligations of other state
2. Other Additions:
 - a. Fixed Date Conformity 1941.
 - b.
 - c.
3. Total Additions: 1941.

Subtractions

4. Income from obligations or securities of the U.S.
5. Disability Income reported as wages
 - 5a. You
 - 5b. Spouse
6. Other Subtractions:
 - a. Fixed Date Conformity 296.
 - b.
 - c.
 - d.
7. Total Subtractions: 296.

Deductions**8. Deduction Code and Amount**

a.

b.

c.

9. Total Deductions:

Spouse's Name - Filing Status 3 Only

AGE DEDUCTION DETAILS

You

Spouse

Contact Information

Your Phone

Spouse

Dept of Taxation may discuss
my return with my preparer.

Preparer Phone Number

Preparer Info

Electronic 1099G

I agree to obtain my 1099G income tax refund statement electronically at www.tax.virginia.gov

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the ultimate destination of the funds is within the territorial jurisdiction of the United States.

Your Signature _____ Date _____

Spouse's Signature _____ Date _____

Preparer Signature _____ Date _____

ACCT and TAX SERVICES

P O BOX 427
Lynchburg, VA 24505

File by May 1, 2014

Virginia Approved Form



680

SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

1. Schedule Name	First Schedule Info.	C	Second Schedule Info.
2. Gross Receipts or Sales	90740.		
3. Depreciation/ Expense Deduction	2239.		
4. Business Activity Code	515000		
5. Business Locality Code	680		
6. Car and truck expenses	13697.		
7. Inventory at end of year			
8. Number of miles you used your vehicle for: Business	24243		
9. Number of miles you used your vehicle for: Commuting			
10. Number of miles you used your vehicle for: Other	8302		

SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

11. Number of miles you used your
vehicle for: Business

12. Number of miles you used your
vehicle for: Commuting

13. Number of miles you used your
vehicle for: Other

14. Percent of business use of
vehicle: Vehicle 1

15. Percent of business use of
vehicle: Vehicle 2

SCHEDULE 4562 INFORMATION

16. Property Used more than 50%
in a qualified business use:
Type of property HP Laptop

17. Date placed in service 122713

18. Business/investment
use percentage 10000

19. Cost or other basis 701.

20. Depreciation deduction 421.

21. Elected section 179 cost

22. Business Locality Code 680

Form	1040 Department of the Treasury - Internal Revenue Service (99) U.S. Individual Income Tax Return	2013	OMB No. 1545-0074	IRS Use Only-Do not write or staple in this space																									
For the year Jan 1-Dec 31, 2013, or other tax year beginning . . . 2013, ending . . . 20			See separate instructions.																										
Your first name and initial		Last name		Your social security number																									
If a joint return, spouse's first name and initial		Last name		Spouse's social security number																									
Home address (number and street).			Apt. no.	Make sure the SSN(s) above and on line 6c are correct.																									
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).																													
Foreign country name		Foreign province/state/county	Foreign postal code																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Filing Status Check only one box. <div style="display: flex; margin-top: 5px;"> <div style="width: 30px; text-align: center;">1</div> <div><input checked="" type="checkbox"/> Single</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 30px; text-align: center;">2</div> <div><input type="checkbox"/> Married filing jointly (even if only one had income)</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 30px; text-align: center;">3</div> <div><input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶</div> </div> </div> <div style="width: 50%;"> <div style="display: flex; margin-top: 5px;"> <div style="width: 30px; text-align: center;">4</div> <div><input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.</div> </div> <div style="display: flex; margin-top: 5px;"> <div style="width: 30px; text-align: center;">5</div> <div><input type="checkbox"/> Qualifying widow(er) with dependent child</div> </div> </div> </div>																													
Exemptions <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 70%;"> <div style="display: flex; margin-bottom: 5px;"> <div style="width: 30px; text-align: center;">6a</div> <div><input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a</div> </div> <div style="display: flex; margin-bottom: 5px;"> <div style="width: 30px; text-align: center;">b</div> <div><input type="checkbox"/> Spouse</div> </div> <div style="margin-top: 10px;"> c Dependents: <table border="1" style="width: 100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th style="width: 30%;">(1) First name</th> <th style="width: 30%;">Last name</th> <th style="width: 20%;">(2) Dependent's social security number</th> <th style="width: 20%;">(3) Dependent's relationship to you</th> <th style="width: 10%;">(4) Chk if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table> </div> </div> <div style="width: 25%; font-size: 8pt;"> Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above ▶ 1 </div> </div>					(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Chk if child under age 17 qualifying for child tax credit (see instructions)																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
				<input type="checkbox"/>																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> d Total number of exemptions claimed </div> <div style="width: 35%; text-align: right;"> 1 </div> </div>																													
Income	7 Wages, salaries, tips, etc. Attach Form(s) W-2			7																									
	8a Taxable interest. Attach Schedule B if required			8a																									
	b Tax-exempt interest. Do not include on line 8a			8b																									
	9a Ordinary dividends. Attach Schedule B if required			9a																									
	b Qualified dividends			9b																									
	10 Taxable refunds, credits, or offsets of state and local income taxes			10																									
	11 Alimony received			11																									
	12 Business income or (loss). Attach Schedule C or C-EZ			12	18,684																								
	13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>			13																									
	14 Other gains or (losses). Attach Form 4797			14																									
	15a IRA distributions			15a																									
	b Taxable amount			15b																									
	16a Pensions and annuities			16a																									
	b Taxable amount			16b																									
	Adjusted Gross Income	17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17																								
18 Farm income or (loss). Attach Schedule F			18																										
19 Unemployment compensation			19																										
20a Social security benefits			20a																										
b Taxable amount			20b																										
21 Other income			21																										
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶			22	18,684																									
23 Educator expenses			23																										
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ			24																										
25 Health savings account deduction. Attach Form 8889			25																										
26 Moving expenses. Attach Form 3903			26																										
27 Deductible part of self-employment tax. Attach Schedule SE			27	1,320																									
28 Self-employed SEP, SIMPLE, and qualified plans			28																										
29 Self-employed health insurance deduction			29																										
30 Penalty on early withdrawal of savings			30																										
31a Alimony paid b Recipient's SSN ▶			31a																										
32 IRA deduction			32																										
33 Student loan interest deduction			33																										
34 Tuition and fees. Attach Form 8917			34																										
35 Domestic production activities deduction. Attach Form 8903			35																										
36 Add lines 23 through 35			36	1,320																									
37 Subtract line 36 from line 22. This is your adjusted gross income ▶			37	17,364																									

Tax and Credits**Standard Deduction for -**

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,100

Married filing jointly or Qualifying widow(er), \$12,200

Head of household, \$8,950

38	Amount from line 37 (adjusted gross income)	38	17,364
39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. <input checked="" type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,100
41	Subtract line 40 from line 38	41	11,264
42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions	42	3,900
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	7,364
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	738
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	738
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Education credits from Form 8863, line 19	49	
50	Retirement savings contributions credit. Attach Form 8880	50	
51	Child tax credit. Attach Schedule 8812, if required	51	
52	Residential energy credits. Attach Form 5695	52	
53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	53	
54	Add lines 47 through 53. These are your total credits	54	
55	Subtract line 54 from line 46. If line 54 is more than line 46, enter -0-	55	738
56	Self-employment tax. Attach Schedule SE	56	2,640
57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	57	
58	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
59a	Household employment taxes from Schedule H	59a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	59b	
60	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	60	
61	Add lines 55 through 60. This is your total tax	61	3,378

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

62	Federal income tax withheld from Forms W-2 and 1099	62	
63	2013 estimated tax payments and amount applied from 2012 return	63	
64a	Earned income credit (EIC)	64a	
b	Nontaxable combat pay election <input type="checkbox"/> 64b		
65	Additional child tax credit. Attach Schedule 8812	65	
66	American opportunity credit from Form 8863, line 8	66	
67	Reserved	67	
68	Amount paid with request for extension to file	68	
69	Excess social security and tier 1 RRTA tax withheld	69	
70	Credit for federal tax on fuels. Attach Form 4136	70	
71	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments	72	0

Refund

Direct deposit? See instructions.

73	If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2014 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions	76	3,408
77	Estimated tax penalty (see instructions)	77	30

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete below. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
		Self Employed	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	Identity Protection PIN (see inst)

Paid Preparer Use Only

Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
			P01074516
Print/Type preparer's name	ACCT and TAX SERVICES		
Firm's name	Firm's EIN	22-8868601	
Firm's address	P O BOX 427 Lynchburg, VA 24505		
	Phone no.		

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

- ▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No 1545-0074

2013

Attachment
Sequence No **09**

Name of proprietor

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)

SERVICE

B Enter code from instructions

▶ **515000**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2013? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2013, check here

I Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)

☐ Yes ☒ No

J If "Yes," did you or will you file required Forms 1099?

☐ Yes ☒ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	90,740
2 Returns and allowances		2	0
3 Subtract line 2 from line 1		3	90,740
4 Cost of goods sold (from line 42)		4	30,091
5 Gross profit. Subtract line 4 from line 3		5	60,649
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	60,649

Part II Expenses

Enter expenses for business use of your home only on line 30.

8 Advertising	8	2,310	18 Office expense (see instructions)	18	2,906
9 Car and truck expenses (see instructions)	9	13,697	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	1,429
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	2,239	21 Repairs and maintenance	21	952
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	1,708	23 Taxes and licenses	23	592
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,286
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,643
17 Legal and professional services	17	1,260	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	8,252
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	18,684			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate Instructions.

Schedule C (Form 1040) 2013

EEA

Name(s)

SSN

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	695
38 Materials and supplies	38	
39 Other costs	39	29,396
40 Add lines 35 through 39	40	30,091
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	30,091

Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2013, enter the number of miles you used your vehicle for:

a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

Conferences	325
Cable and internet	1,840
Bank fees	950
Printing	2,990
Telephone	1,547
Misc	600
48 Total other expenses. Enter here and on line 27a	48 8,252

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.
Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2013

Attachment
Sequence No. **17**

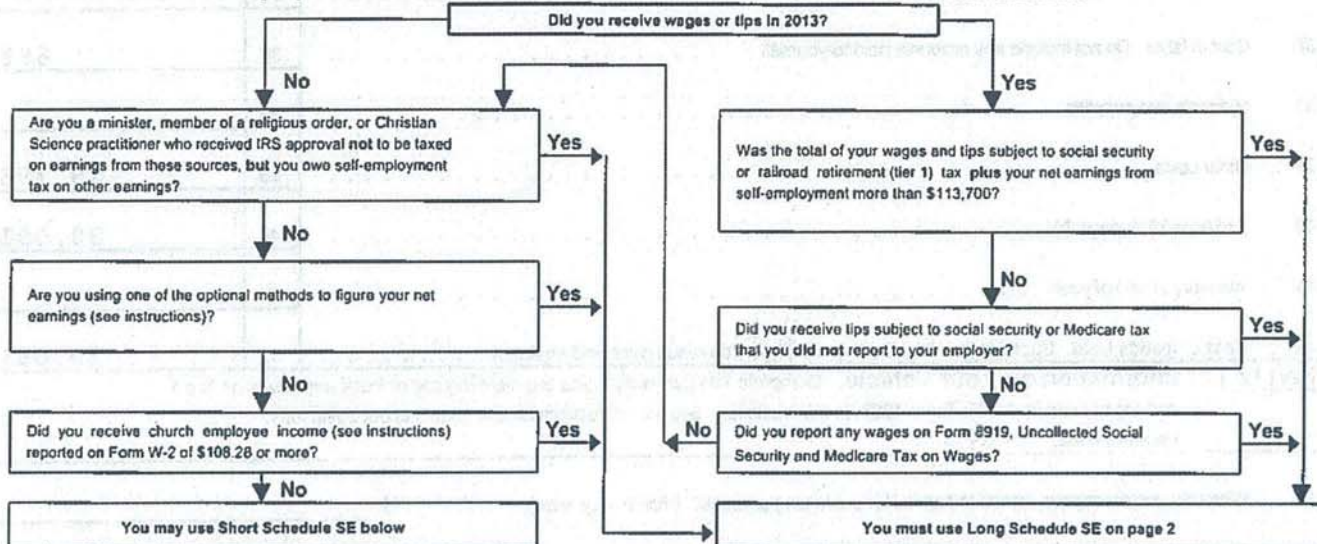
Name of person with self-employment income (as shown on Form 1040)

Social security number of person
with self-employment income

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see Who Must File Schedule SE in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	()
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2	18,684
3 Combine lines 1a, 1b, and 2	3	18,684
4 Multiply line 3 by 92.35% (.9235). If less than \$400, you do not owe self-employment tax; do not file this schedule unless you have an amount on line 1b Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4	17,255
5 Self-employment tax. If the amount on line 4 is: • \$113,700 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 56, or Form 1040NR, line 54 • More than \$113,700, multiply line 4 by 2.9% (.029). Then, add \$14,098.80 to the result. Enter the total here and on Form 1040, line 56, or Form 1040NR, line 54	5	2,640
6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	6	1,320

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2013

EEA

Expenses for Business Use of Your Home

OMB No. 1545-0074

2013

Department of the Treasury
Internal Revenue Service (939)

► File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Attachment
Sequence No. 176Information about Form 8829 and its separate instructions is at www.irs.gov/form8829.

Name(s) of proprietor(s)

Your social security number

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	260
2	Total area of home	2	808
3	Divide line 1 by line 2. Enter the result as a percentage	3	32.18%
For daycare facilities not used exclusively for business, go to line 4. All others go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	32.18%

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home and shown on Schedule D or Form 4797, minus any loss from the trade or business not derived from the business use of your home and shown on Schedule D or Form 4797. See instructions. See instructions for columns (a) and (b) before completing lines 9-21.	8	20,375
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	2,240
11	Real estate taxes (see instructions)	11	726
12	Add lines 9, 10, and 11	12	2,966
13	Multiply line 12, column (b) by line 7	13	954
14	Add line 12, column (a) and line 13	14	954
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	19,421
16	Excess mortgage interest (see instructions)	16	
17	Insurance	17	
18	Rent	18	
19	Repairs and maintenance	19	
20	Utilities	20	2,290
21	Other expenses (see instructions)	21	
22	Add lines 16 through 21	22	2,290
23	Multiply line 22, column (b) by line 7	23	737
24	Carryover of operating expenses from 2012 Form 8829, line 42	24	
25	Add line 22, column (a), line 23, and line 24	25	737
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26	737
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27	18,684
28	Excess casualty losses (see instructions)	28	
29	Depreciation of your home from line 41 below	29	
30	Carryover of excess casualty losses & depreciation from 2012 Form 8829, line 43	30	
31	Add lines 28 through 30	31	
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32	
33	Add lines 14, 26, and 32	33	1,691
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34	
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35	1,691

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36	
37	Value of land included on line 36	37	
38	Basis of building. Subtract line 37 from line 36	38	
39	Business basis of building. Multiply line 38 by line 7	39	
40	Depreciation percentage (see instructions)	40	%
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41	

Part IV Carryover of Unallowed Expenses to 2014

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42	
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43	

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8829 (2013)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2013

Attachment
Sequence No. 179Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SCHEDULE C - 1

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,590
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property Statement #1						228
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	421
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,239
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2013)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	351	
26 Property used more than 50% in a qualified business use:									
HP Laptop	12/27/2013	100.0%	701	350	5	200 DB-HY	70		
98 BMW 740	01/01/2007	74.5%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	421	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)	24,243					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	8,302					
33 Total miles driven during the year. Add lines 30 through 32	32,545					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44